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## Quality of Care and Outcomes Assessment

### ASSOCIATION OF FINANCIAL BARRIERS TO HEALTH CARE WITH ACCESS TO CARE, QUALITY OF CARE AND OUTCOMES IN DIABETICS WITH CORONARY ARTERY DISEASE

ACC Moderated Poster Contributions  
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**Background:** As the cost of health care in the United States increases, more patients experience difficulty paying their medical bills. We sought to describe the impact of financial barriers to health care on access to care, quality of care and vascular outcomes of diabetic patients with coronary artery disease (CAD).

**Methods:** The 2007 Centers for Disease Control's Behavioral Risk Factor Surveillance Survey was utilized to identify a cohort of 11,274 diabetics with CAD. Demographic data, clinical history, quality of care indices, and clinical outcomes were recorded in these patients. The primary outcome was a composite of major adverse vascular events (MAVE), defined by a history of stroke, retinopathy or diabetes-related ocular changes, bilateral foot amputations, and nonhealing foot sores.

**Results:** Of 11,274 patients, 1,541 (14%) patients reported financial barriers to health care and 9,733 (86%) reported no such barriers. Patients with financial barriers were younger, more often female, less often with health insurance, and had higher rates of obesity, smoking, and hypercholesterolemia. They were also noted to have impaired access to care resulting in less frequent medical checkups, lower rates of annual cholesterol screening, HgbA1c screening, eye exams, foot exams, and diabetic education classes, and less aspirin and antihypertensive use. Patients with financial barriers experienced significantly higher MAVE rates (68% vs 55%,  $p < 0.001$ ). In multivariate analysis, financial barriers to care were an independent predictor of MAVE (OR 1.82, 95% CI 1.31-2.53). Financial barriers were also independently associated with indices of access to and quality of care including, medical checkup within the past two years (OR 0.33, 95% CI 0.26-0.42), annual cholesterol (OR 0.58, 95% CI 0.34-0.98) and HbA1c (OR 0.66, 95% CI 0.48-0.92) screening, annual eye (OR 0.75, 95% CI 0.61-0.92) and foot (OR 0.72, 95% CI 0.59-0.89) examinations, aspirin use (OR 0.65, 95% CI 0.48-0.89), and diabetic education (OR 0.77, 95% CI 0.63-0.93).

**Conclusions:** Financial barriers to health care are independently associated with impaired access to care, poorer quality of care and worse clinical outcomes in diabetics with CAD.